lowa Department of Public Health



The Check-Up

An update on issues and ideas related to health reform in lowa

The Check-Up is a monthly health care reform newsletter designed to keep interested lowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by HF 2539 (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act (HR 3590), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care
Reform Website at http://www.idph.state.ia.us/hcr committees/

Electronic Health Information Advisory Council

On October 1, 2010, the department announced that it intends to award Affiliated Computer Services (ACS), a Xerox Company, a contract to help lowa e-Health develop the statewide health information exchange (HIE).



October/November 2010

Websites

Advisory Councils

Electronic Health Information

<u>Prevention and Chronic Care</u> Management

Medical Home

Health and Long-Term Care Access

Direct Care Worker

Governor's Council on Physical Fitness and Nutrition

Patient Autonomy in Health Care
Decisions Pilot Project (IPOLST)

Other Iowa HCR Activities

<u>Iowa Healthy Communities</u> Initiative

Small Business Qualified Wellness Program Tax Credit Plan

<u>Legislative Health Care Coverage</u> <u>Commission</u>

Through a competitive procurement process, ACS showed experience and innovation in implementing a variety of successful health information technology (health IT) initiatives across the country. Over the next few months, ACS will begin working closely with lowa e-Health in developing the core infrastructure and services of the statewide HIE.

Financial sustainability is vital to developing Iowa's statewide HIE. To determine the most fair and appropriate business model for Iowa's statewide HIE, the department is partnering with Hielix, a company working in many states to plan HIE operations and sustainability. Over the course of the next few months, Iowa e-Health and Hielix will develop the components of the Iowa e-Health business plan. This will include working with key stakeholders, workgroups, and the e-Health Executive Committee and Advisory Council, to lay out HIE financing principles, value propositions, financing strategies, and return on investment measures.

As a requirement of the State HIE Cooperative Agreement program, the business plan will be completed and submitted to the Office of the National Coordinator for Health IT in March 2011.

Next Meeting: December 17th 10am – 2pm at the Urbandale Public Library

Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available here. Their issue brief on "Chronic Disease Management" is available here. The issue brief on "Disease Registries" is available here. It was developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council. Next issue briefs will be on "Community Utility" concept, and "Care Coordination".

The <u>Prevention Issue Brief</u> has been finalized and released. The dramatic growth of chronic diseases is a huge burden to America. An alarming 75 cents of every health care dollar is spent on chronic diseases, and they account for 7 out of every 10 deaths. If this problem is ignored, the cost of treating chronic conditions such as diabetes, cancer, and obesity could overwhelm American health care. But improving preventive care and keeping people healthier is one of the most effective ways to reduce health care costs and is a major focus of health care reform. The issue brief includes:

- Definitions
- Health Benefits of Prevention
- Prevention in Federal Health Care Reform
- CDC's Six Winnable Battles
- Return on Investment
- Obesity Prevention

- Oral Health
- Musculoskeletal Health
- Physical Activity & Health Eating
- Pediatrics
- Mental Health
- Iowa Examples of Successful Prevention Programs

Ed Wagner, who developed the <u>Chronic Care Model</u>, received the University of Iowa College of Public Health's Hansen Award. A conference was held on **October 27th** in Iowa City to present Ed Wagner with this award. The conference was titled "Addressing Chronic Diseases in Iowa". The PCCM Advisory Council had a meeting after this conference.

The Chronic Disease Management Subgroup is focusing on SF 2356 to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, IA/NEPCA conducted focus groups in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. IA/NEPCA produced a report for the Council summarizing the results of the focus groups. The report can be found here. PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network, including the free clinics, community health centers, family planning clinics, and rural health clinics to discuss this legislative charge and begin collaboration for the diabetes care coordination plan.

The Prevention Subgroup is focusing on HF 2144 to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. An agreement has been made that the subgroup and IDPH's Office of Multicultural and Minority Health Advisory Council will collaborate closely in the work of this legislative charge.

• The <u>lowa Center on Health Disparities</u> will be doing a webinar with the subgroup, as well as the Office of Multicultural Health's Advisory Council to give their expertise and advice on the direction the subgroup should go, and will give an overview of the current barriers in lowa to collecting disparities data.

Next Meetings: Thursday, January 20th 2010 10am - 3pm Location TBA

Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #2 is now finalized and is available here. Progress Report #1 is available here. Their issue brief on "Patient Centered Care" is available here. The issue brief on "Disease Registries" is available here. Future issue briefs include "Care Coordination" and "Community Utility".

The Council continues to collaborate with Medicaid in the development the <u>lowaCare Medical Home Model</u>, established in <u>SF 2356</u>. The expansion will phase in FQHCs to provide primary health care services to the lowaCare population and to comply with certification requirements of a Medical Home. Initially, the FQHC's will be required to meet a set of medical home minimum standards. On October 1st, FQHC's in Sioux City and Waterloo have begun lowaCare expansion rollout. January 1st, FQHC's in Fort Dodge and Ottumwa will also begin the rollout.

IDPH is working on drafting and adopting rules for certification. The Council voted that Iowa will use NCQA as the method to certify medical homes with the exception that Nurse Practitioners will be able to be certified as well.

The work of the Medical Home Multipayer Collaborative Workgroup is moving forward. As a reminder, this workgroup was formed after lowa decided not to apply for the CMS demonstration project. This workgroup includes key stakeholders, including Wellmark and Medicaid, to develop a multipayer pilot project for lowa within the next 6-12 months. At their last meeting, the workgroup came up with shared goals of a transformative initiative. They include:

- Improve quality of care and reduce costs
- Simple methods of measurement and payment
- Create synergies on common ground ex. Meaningful use, 90% match for Medicaid, reimbursing for outcomes
- Needs to be sustainable- equip people to get to that point
- Consumers need to be at the table

Under the Federal Patient Protection and Affordable Care Act, there is an option that Iowa Medicaid is looking into to get a state match through a <u>State Plan Amendment</u>. It is Title XIX of the Social Security Act- "State Option to Provide Health Homes for Enrollees with Chronic Conditions". This starts January 1st, 2011 and is for implementing health homes for people with chronic conditions. There is a 90% match for medical home payments in the first 2 years. After that, it goes back to the normal reimbursement rate of 65%. The language mentions that payment mythologies can be tiered and are not limited to per member per month. States will need to coordinate with SAMSA for providing mental

The language defines that chronic conditions shall include but are not limited to:

- A mental health condition
- Substance use disorder
- o Asthma
- o Diabetes
- Heart disease
- Being overweight, as evidenced by having a BMI over 25.

- Comprehensive care management
- Care coordination and health promotion

The services to be provided by the health home are:

- Comprehensive transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and socials support services
- Use of health information technology to link services, as feasible and appropriate.

Next Meeting: December 1st 10:00-2:00 at the Urbandale Public Library

Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

The 2010 Strategic Plan for Health Care Delivery Infrastructure and Health Care Workforce Resources is available here.

Development of the 2012 Strategic Plan includes components beyond workforce.

Major topics of the October 28 meeting were the Rural Hospital FLEXibility Program, an update on eHealth, and a presentation about the Health Information Technology Regional Extension Center (HITREC). Following the meeting, presentations will be available on the Health & Long-Term Care Access Advisory Council's website along with minutes of the Council's conversation regarding how these topics impact the strategic plan.

Watch for minutes from the October meeting and find other materials of interest regarding this effort at the webpage: http://www.idph.state.ia.us/hcr_committees/care access.asp.

Next Meeting: TBA

Direct Care Worker Advisory Council

The Iowa Department of Public Health was successful in securing the Personal and Home Care Aide State Training Demonstration grant from the Health Resources and Services Administration, which provides \$2.2 million over three years to pilot the training and credentialing recommendations of the Council.

The pilot will target two geographic regions in lowa, one urban and one rural, and will support development of core competencies and curriculum for direct care professionals. Personal and home care aides, who will be targeted for this project, work primarily in home and community based settings and provide support and services to individuals who are aging and individuals with disabilities. Other key activities of the pilot include:

- Free training for new and incumbent direct care professionals in the pilot regions.
- Mentoring and continuing education activities to support professional growth and promote retention of direct care professionals.
- Development of an information management system to issue credentials and collect data on the workforce.
- Evaluation activities, which will provide feedback about the training and credentialing recommendations that have been developed by the Council and inform future implementation of a Board of Direct Care Workers.

The Council will play a significant role in the pilot project by lending expertise in the development of the curriculum, development of publications and outreach activities, guidance on the credentialing process, and assistance with the evaluation. The Department will be seeking input and participation by statewide stakeholders, including direct care professionals and employers.

The Council continues to make progress toward completing its 2010 legislative charge, most recently approving the types of credentials to be offered and the makeup of the Board of Direct Care Workers (which the Legislature has required be developed by July of 2014).

Next Meeting: (Second Thursday of every month)
December 9th 10:00 – 3:00 location TBD

lowa Health Reform Prevention & Wellness Initiatives

Worksites represent the highest percentage of vending locations in the United States. According to *Automated Merchandiser*, State of the Vending Industry Report, in 2009 manufacturing facilities and offices accounted for more than half of the vending machine locations in the U.S. Sales from all vending machines in 2009 totaled just below \$20 billion. Section 4205 of the Patient Protection and Affordable Care Act requires vending machine operators who own or operate 20 or more vending machines to disclose calorie content for certain items.

The Iowa Department of Public Health Iowans Fit for Life program, in collaboration with Iowa State University Extension, developed the Nutrition Environment Measurement Survey-Vending (NEMS-V) to evaluate the worksite vending machine environment. The survey builds upon the nationally recognized Nutrition Environment Measurement Survey (NEMS) developed by Emory University, which assesses the availability of healthy food and beverage options in grocery stores, convenience stores, and restaurants.

NEMS-V assesses vending machines showing green-, yellow-, or red-coded foods and beverages based on the Institute of Medicine Nutrition Standards for Foods in Schools with modifications from Iowa's Healthy Kids Act. Vending machines receive a bronze, silver, or gold award based on the percentage of healthy food and beverage options they contain. A NEMS-V Web site http://www.nems-v.com highlights the NEMS-V tools and a healthy choices calculator for determining color coding for foods and beverages. Regional trainings on using the NEMS assessment tools were conducted across Iowa last spring. Several communities and organizations have conducted NEMS-V assessments and have made suggestions on how to improve the number of healthy options.

Upcoming Event

 November 30, 2010, 9:00 am to 4:00 pm: Building a Healthier Workforce and a Healthier Iowa Conference. To register, visit <u>www.medicine.uiowa.edu/cme</u> and then click on "Upcoming Conferences" to scroll for the conference.

lowa Healthy Communities Initiative

Hancock County Board of Health is a 2010-11 Community Wellness Grant recipient. As part of their effort to improve the nutrition environment of their community, coalition members attended the NEMS regional training and used the NEMS-Store assessment tool in their county with plans to complete additional assessments. Information will be provided on how to increase the number of healthy snack options.

Governor's Council on Physical Fitness and Nutrition

The Healthy Iowa Awards ceremony took place on September 23, 2010. Congratulations to the 2010 Healthy Iowa Award winners:

- Healthy Iowa Visionary: Cindy Elsbernd, Iowa Kid Strong
- Health Iowa Visionary: John Stevens, Grundy Center Community Schools
- Healthy Iowa School Award: Cowles Montessori (Des Moines Public Schools)
- Healthy Iowa Community Award: City of Dubuque / Dubuque County

Small Business Qualified Wellness Program Tax Credit Plan

Click <u>here</u> for a copy of the plan. IDPH lowans Fit for Life worksite wellness toolkit has been released. "Healthy lowa Worksites: A collection of active and eating smart tools for building your worksite wellness program" has been posted to the <u>lowans Fit for Life Web site</u>.



Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The final report of the Patient Autonomy in Health Care Decisions Pilot Project is available here

IPOST Pilots (Cedar Rapids and Jones County) continue with Jones County completing the formation of its Advisory Committee. Both pilot projects meet each month and have committees and working groups doing much of the planning. Click here to view the June 2010 newsletter.

Legislative Health Care Coverage Commission

The <u>Legislative Health Care Coverage Commission</u> was created by 2009 Iowa Acts, Chapter 118, §1 (<u>SF 389</u>) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found here.

Four workgroups were created to focus on particular aspects of health care coverage. The passage of the Federal Patient Protection and Affordable Care Act has changed the charges of these workgroups to reflect the Commission's new role in assuring that national health reform is implemented in Iowa in an efficient, high-quality, and practical way. The workgroups include:

- Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool will focus on reviewing, analyzing, recommending, and prioritizing options to provide health care coverage to uninsured and underinsured adults. The Workgroup will concentrate on the expansion of the IowaCare program as specified in SF 2356; how to prepare the state for Medicaid expansion set to take place in 2014; and how to maximize the effectiveness of the existing (state) and new (federal) high risk pools in providing care to uninsurable individuals between 2010 and 2014.
- Workgroup II- Value-based Health Care will focus on how to create opportunities for the most cost-effective use of health care resources throughout lowa in both the publicly and privately purchased health care.
- <u>Workgroup III- Insurance Information Exchange</u> will work with the Iowa Insurance Commissioner on the development of the new Insurance Information Exchange.
- Workgroup IV- Wellness intends to take testimony from 20-30 organizations from both within and outside the state
 to discuss cutting edge cost-control efforts, including how to design incentives to change behavior for clients that will
 bend the curve on health care costs.

Next Meetings:

- <u>Legislative Health Care Coverage Commission</u>- Wednesday, November 10, 2010- TENTATIVE
 - 10 AM to 3 PM, Rm 103, Supreme Court Chamber

General Health Care Reform News in Iowa

IDPH staff from the Medical Home System Advisory Council and the Prevention and Chronic Care Management Advisory Council has been very involved in the writing of the Iowa State Planning & Establishment Grant for the Affordable Care Act's Exchanges. It is a one-year planning grant for \$1 Million dollars. The Notice of Grant Award came on Thursday, September 30th and Iowa was awarded the full \$1 Million.

An Interagency Workgroup has been formed with IDPH, Iowa Medicaid Enterprise, Iowa Insurance Division, and the Iowa Department of Revenue to begin the initial planning.

Background of Insurance Exchanges- Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.

• Iowa will be conducting focus groups for consumers and business, holding regional meetings across the states, and creating a new advisory council to lead this effort.